

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO 70119638

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		2				
20		2				
21		2				
22		2				
23		1				
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44		1				
45		1				
46		1				
47	1					
48		1				
49		1				
50		1				
TOTAL IND.	4					
TOTAL DEP.		52				
TOTAL CLAIMS	56					

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
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100						
TOTAL IND.	4					
TOTAL DEP.		52				
TOTAL CLAIMS	56					